Express Mail Label No. ET176340069US Date of Deposit: March 31, 2004

Attorney Docket No. 01374-294

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Jonathan C. Roberts and Dimitri G. Betses

For:

SYSTEM AND METHODS OF PROVIDING PHARMACY SERVICES

Mail Stop: PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Date: March 31, 2004

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the present application are the following documents:

- [X] Request for Filing New Patent Application under 37 C.F.R. 1.53(b):
- Patent Application including Specification (58 pages); Claims (21 pages); Cover (1 page) [X]and Abstract (1 page)
- Eleven (11) Sheets of Informal Drawings Figs. 1-10; [X]
- [X]Declaration and Power of Attorney (unsigned); and
- Check in the amount of \$1,668.00 for Patent Application Filing Fee. [X]

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at 617/542-6000, Boston, Massachusetts.

If the amount of the check is insufficient, the Commissioner is hereby authorized to charge any additional fees to the undersigned's deposit account no. 50-0311. Please reference Attorney Docket No. 01374-294.

Respectfully submitted,

Registration No. 45,010

MINTZ, LEVIN, COHN, FERRIS

GLOVSKY and POPEO, P.C.

Attorneys for Applicant(s)

One Financial Center

Boston, MA 02111

Telephone: 617/348-4914

Facsimile: 617/542-2241

email: cpeters@mintz.com

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PATENT APPLICATION Attorney Docket No. 01374-294

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(s): Jonathan C. Roberts and Dimitri G. Betses

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NEW NONPROVISIONAL APPLICATION PURSUANT TO 37 C.F.R. 1.53(b)

1. This is a request for filing a new nonprovisional application under 37 C.F.R. 1.53(b) entitled

SYSTEM AND METHODS OF PROVIDING PHARMACY SERVICES

| 2. | \boxtimes | Specif | ication (58 pages); Claims (21 pages); Abstract (1 page); Cover (1 page) | | | |
|----|-------------|-------------------|--|--|--|--|
| 3. | | Drawin | ngs - Number of Sheets – Eleven (Figs. 1-10) Formal Informal | | | |
| 4. | \boxtimes | Declar | ation and Power of Attorney Unsigned | | | |
| | | | Signed | | | |
| 5. | | Inform | ation Disclosure Statement (IDS) | | | |
| | | | Copy of IDS and PTO-1449 (X pages) | | | |
| | | | Copies of references cited | | | |
| 6. | | Assignment Papers | | | | |
| | | | Recordation Form Cover Sheet (PTO-1595) | | | |
| | | | Assignment Document | | | |

7. Fee Calculation

| | | | | CLAIMS AS I | FILED | | | | | |
|---|-------------|--|--|--|--|--------------------------------------|---|--|--|--|
| Claim | | | Number Filed | Basic Fee Allowance | Number Extra | Rate | Basic Fee 37 C.F.R. 1.16(a \$770.00 | | | |
| | Claims | (a)) | 84 | 20 - | | | | | | |
| (37 C.F.R. 1.16(c)) Independent Claims | | | 04 | - 20 = | 64 | \$ 18.00 | 1,152.00 | | | |
| (37 C.F.R. 1.16(b)) | | | 9 | - 3 = | 6 | \$ 86.00 | 516.00 | | | |
| Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d)) | | 0 | | 8 | \$290.00 | .00 | | | | |
| | R | eduction b | y 50% for filing by si | nall entity: | | | <u>=\$</u> | | | |
| | | | | | TOTAL FEE | | \$1,668.00 | | | |
| 8. | | Applic | ant claims Small E | ntity Status. | | | | | | |
| 9. | \boxtimes | A chec | A check in the amount of \$1,668.00 is enclosed. | | | | | | | |
| 10. | | The Commissioner is hereby authorized to credit overpayments or charge the | | | | | | | | |
| | | | | | | | | | | |
| | | | llowing fees to Deposit Account No. 50-0311, Ref Fees required under (37 C.F.R. §1.16). | | | | | | | |
| | | | Fees required under (37 C.F.R. §1.17). | | | | | | | |
| | | | Fees required under (37 C.F.R. §1.18). | | | | | | | |
| 11. | \boxtimes | Return Receipt Postcard Enclosed. | | | | | | | | |
| | | | | | | | | | | |
| | | | | Carol Market Registra MINTZ, GLOVS Attorney One Fina Boston, Telephore | Peters tion No. 45,01 LEVIN, COH KY and POPI s for Application of the Conter MA 02111 ne: 617/348-49 e: 617/542-22 | 0 IN, FERRIS EO, P.C. nt(s) | | | | |
| Date: _March 31, 2004 | | | | | email: cpeters@mintz.com | | | | | |

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